



Pennsylvania's Children's  
Health Insurance Program  
**We Cover All Kids.**

Commonwealth of Pennsylvania   Edward G. Rendell, Governor   Joel Ario, Acting Insurance Commissioner

**ANNUAL REPORT TO THE STATE LEGISLATURE  
CALENDAR YEAR 2007**

## **Annual Children's Health Insurance Program (CHIP) Report – 2007**

Pennsylvania's Children's Health Insurance Program (CHIP) has long been acknowledged as a national model, receiving specific recognition in the Federal Balanced Budget Act of 1997 as one of only three child health insurance programs that met Congressional specifications. Pennsylvania's CHIP was established through passage of Act 113 of 1992, reenacted as an amendment to The Insurance Company Law of 1921 by Act 68 of 1998, and recently amended by Act 136 of 2006 (the Act).

Although Pennsylvania has one of the highest rates of health insurance coverage for children in the country, a 2004 survey commissioned by the Insurance Department (the Department) determined that 133,600 children in Pennsylvania remained uninsured. Some of these children already qualified for publicly funded health insurance coverage, including the Medicaid Program and the free and subsidized CHIP. Others were children of working parents who were not eligible for the publicly subsidized programs due to income limits, but were unable to afford private insurance. In early 2007, after passage of Act 136 of 2006, Pennsylvania received approval from the federal government to expand eligibility for CHIP as part of the Cover All Kids initiative, and in March 2007 the new eligibility guidelines were implemented. CHIP operates through eight contractors, with at least one contractor offering coverage in every county.

The intensive outreach campaign for CHIP got the message out that all uninsured children could receive coverage, encouraging more families to apply. This campaign made it possible for those children who were already eligible for Medicaid to be identified and referred to the Department of Public Welfare for health insurance coverage through Medicaid.

As in previous years, during the first two months of calendar year 2007, CHIP included two components which covered children up to age 19 with identical, comprehensive benefits. The free component covered children in families with an adjusted gross household income no greater than 200% of the Federal Poverty Level (FPL) guidelines. Federal financial participation was received toward the cost of this coverage. The low-cost component covered children in families with an adjusted gross household income of greater than 200% of the FPL but no greater than 235% of the FPL. The parent or guardian was required to pay a subsidized premium as a condition of enrolling a child. The Commonwealth received no federal funding for this component of CHIP during January and February 2007.

In March 2007, eligibility for CHIP was expanded through the Cover All Kids initiative. Following receipt of federal approval for the CHIP expansion, the program office implemented new income eligibility levels in March and the first child was enrolled under the expanded eligibility guidelines in April 2007.

The expanded CHIP continues to provide identical, comprehensive benefits to individuals enrolled in different components. Premiums and co-payments are collected on a sliding scale basis as determined by adjusted gross household income.

The free component covers children in families with an adjusted gross household income no greater than 200% of federal poverty guidelines. Federal financial participation is received toward the cost of this coverage. There are no premiums and no co-payments collected for enrollees in this group.

The low-cost component covers children in families with an adjusted gross household income greater than 200% but no greater than 300% of the federal poverty guidelines. Federal financial participation is received toward the expense of this low-cost coverage. The parent or guardian is required to pay a modest monthly premium directly to the insurance contractor. These premiums are collected on a sliding scale based upon adjusted gross household income. Enrollment in low-cost CHIP is divided into three increments with progressively increasing premiums, as follows:

- Greater than 200% but no greater than 250% - 25% of the per member per month (PMPM) cost. The average cost to the enrollee in 2007 was \$40.
- Greater than 250% but no greater than 275% - 35% of PMPM cost. The average cost to the enrollee in 2007 was \$56.
- Greater than 275% but no greater than 300% - 40% of PMPM cost. The average cost to the enrollee in 2007 was \$64.

In addition, children in the low-cost component must pay point-of-service co-payments as follows:

- Primary care visits \$5
- Specialists \$10
- Emergency care \$25 (waived if admitted)
- Prescriptions \$6 for generic and \$9 for brand names

There are no co-payments for well-baby visits, well-child visits, immunizations, or emergency care that results in an admission. Co-payments are limited to physical health and do not include routine preventive and diagnostic dental services or vision services. Cost sharing, a combination of premiums and point of service co-payments, is capped at 5% of the household income.

The third component, at-cost CHIP, is for children in families with adjusted gross household income greater than 300% of the FPL, if private insurance is unaffordable or inaccessible. Families can buy into coverage at 100% of the cost negotiated with each of the eight health insurance contractors. The average premium as of December 2007 was \$161. No federal or state dollars are used to provide coverage for families in this at-cost group. In addition, children in families with adjusted gross income greater than 300% FPL must pay point-of-service co-payments as follows:

- Primary care visits \$15
- Specialists \$25
- Emergency care \$50 (waived if admitted)
- Prescriptions \$10 for generic and \$18 for brand names

Note that in addition to income guidelines designated above and outlined in detail on Attachment 1, eligibility for CHIP is determined on the basis of several simple factors including:

- Age of the child (up to age 19)
- Citizenship status (must be U.S. citizen or lawfully admitted alien)
- Pennsylvania resident
- Not eligible for Medicaid
- Not currently covered through employer-based or private health care coverage
- Families whose incomes fall in the low-cost and at-cost CHIP ranges must also show that their children have been uninsured for six months, unless their children are under age two; have lost health insurance because a parent lost a job; or are moving from another public health insurance program.
- For families whose incomes fall in the at-cost CHIP range, comparable insurance must be either unavailable or unaffordable.

Pennsylvania implemented a six-month period of uninsurance for children over the age of two with an adjusted gross income greater than 200% FPL unless the child lost insurance due to a parent losing employment or the child is transferring from one government-subsidized health care program to another.

In 2007, record enrollments of children in CHIP were achieved through innovative outreach and marketing efforts, combined with strong partnering relationships with other agencies, advocacy groups, community partners, and insurance providers. CHIP enrollment averaged 160,446 for the 2007 calendar year, and reached an unprecedented enrollment of 166,151 in December 2007. This represents a 32-percent increase since Governor Rendell took office in January 2003.

Calendar year 2007 afforded the Department with many opportunities to work with legislators, advocates, insurers, community partners, and other stakeholders to make health insurance available to Pennsylvania's uninsured children. The Department is proud to provide this annual report on the status of CHIP in calendar year 2007, and we look forward to continuing our efforts to cover the uninsured through the Cover All Kids expansion of CHIP.

### **Primary Health Services Funded for the Year:**

Primary services funded for the year were those directed by Section 2311(l)(6) of the Act and include:

- Preventive care
- Specialist care
- Diagnosis and treatment of illness or injury
- Laboratory/pathology testing
- X-rays
- Injections and medications
- Emergency care, including emergency transportation
- Prescription drugs

- Emergency, preventive and routine dental care
- Emergency, preventive and routine vision care
- Emergency, preventive and routine hearing care
- Inpatient hospital care (90 days including mental health)

Ancillary medically necessary and therapeutic services include mental health services, inpatient and outpatient treatment of substance abuse, rehabilitative therapies, home health care, durable medical equipment, and maternity care.

The program continues to utilize the Health Employer Data Information Set (HEDIS) performance measures to determine how the PA CHIP plan compares to national and regional benchmarks, and the Consumer Assessment of Health Plans Survey (CAHPS) survey to determine the level of satisfaction related to access, health status, and care received by children with chronic conditions. In 2007, we measured the preferred provider organizations using HEDIS as well as health maintenance organizations and required Medicaid CHIP contractors to utilize commercially adapted HEDIS measurements to enable more reliable comparisons across insurance plans.

HEDIS data compiled over the past five years has consistently shown that children enrolled in CHIP use preventive and primary care at approximately the same level as children in commercial plans nationally and regionally. Beginning in 2004, CHIP also compared its rates of utilization to Medicaid nationally and regionally.

Examples of the most recently available HEDIS data for preventive and primary care services, based on utilization occurring in 2006 and reported in 2007, indicate:

- The average adolescent immunization rate for CHIP was 70.5% (slight decrease from 71.1% in 2006) while the commercial national and regional rates were 57.4% and 72.5%, respectively. National and regional Medicaid rates were 51.2% and 55.5%, respectively.
- Average adolescent well-care visits for CHIP were 50.1% (increase from 47.2% in 2006), while the commercial national and regional rates were 40.3% and 53.9%, respectively. Medicaid national and regional rates were 43.6% and 53.2%, respectively.
- Average children's access to primary care practitioners for CHIP was 87.9% (a slight decrease of 1.9% from 2006) while the commercial national and regional rates were 96.8% and 96%, respectively. The national and regional rates for Medicaid were 93.6% and 88.4%, respectively.

In addition to the primary and preventive services reviewed through HEDIS, CHIP reviews emergency room, mental health, and chemical dependency utilization. Data based on utilization in 2006 and reported in 2007 revealed the following results:

## **Emergency Department (ED) Visits:**

### Emergency Department visits (per 1,000 members)

#### Age <1

- The PA CHIP average was 739.7 ED visits. This is an increase in ED visits from 630.7 visits in 2006. More than half of the PA CHIP plans' ambulatory care rates increased and one decreased from HEDIS 2006 to 2007 measurement years. CHIP plans continue to have higher ED visits than the national and regional plans. Medicaid national and regional rates are higher than both PA CHIP and the commercial plans. (For HEDIS purposes, "commercial plans" are defined by the National Committee for Quality Assurance.)

#### Ages 1-9

- The PA CHIP average was 331.3 visits. This is very slight decrease in ED visits from 333.5 visits in 2006. Over half of the PA CHIP plans' ambulatory care rates increased and two decreased from the HEDIS 2006 to 2007 measurement years. PA CHIP plans continue to have higher ED visits than the national and regional plans. Medicaid national and regional rates are higher than both PA CHIP and the commercial plans.

#### Ages 10-19

- The PA CHIP average was 321.7 visits. This is a decrease in ED visits from 331.9 visits in 2006. Most of the PA CHIP plans increased their ambulatory care rates from the HEDIS 2006 to 2007 measurement years. PA CHIP plans continue to have higher ED visits than the national and regional plans. Medicaid national and regional rates are higher than both PA CHIP and the commercial plans.

## **Mental Health Utilization:**

### Inpatient Discharges (per 1,000 member years)

#### Ages 0-12

- The average number of inpatient mental health discharges for PA CHIP was 1.0. This is higher than the national and regional rates of 0.9 and 0.7, respectively. The PA CHIP rates were lower than both the national and regional Medicaid rates of 3.9 and 1.9, respectively.

#### Ages 13-17

- The PA CHIP average rate was 6.3. This is lower than the national commercial rate of 7.9 but higher than the regional commercial rate of 5.9. PA CHIP rates were lower than the national and regional Medicaid rates of 20.3 and 9.6, respectively.

### Percent of Members Receiving ANY Mental Health Services (per 1,000 members)

#### Ages 0-12

- The PA CHIP enrollees receiving 'any' (inpatient, intermediate, and/or ambulatory) mental health services was 4.6%. This is higher than the national and regional rates of 3.8% and 3.6%, respectively. The PA CHIP rate is lower than the national Medicaid rate of 5.5%, but higher than the Medicaid regional rate of 4.4%.

#### Ages 13-17

- The PA CHIP enrollees receiving ‘any’ mental health services was 7.3%. This is higher than the national rate of 8.1% and regional rate of 7.5%. The PA CHIP rate is lower than both the Medical national and regional rates of 11.2% and 8.2%, respectively.

### **Chemical Dependency:**

Inpatient Discharges (per 1,000 member years)

#### Ages 0-12

- No measurable utilization reported for this age group.

#### Ages 13-17

- The discharge rate for PA CHIP was 1.6 for this age group. For three of the PA CHIP plans rates increased and two plans’ rates decreased from the HEDIS 2006 to 2007 measurement years. The national and regional rates for commercial plans were lower than CHIP at 1.0% and 0.9%, respectively. The national Medicaid rate was lower at 1.2% and the Medicaid regional rate was lower at 0.6%.

#### Percent of Members Receiving ANY Services

##### Ages 0-12

- No measurable utilization reported for this age group.

##### Ages 13-17

- For the first time, the PA CHIP, commercial national and regional rates were exactly the same. The Medicaid national rate was higher than both PA CHIP and the commercial plans. The Medicaid regional rates, however, were lower than PA CHIP and the commercial plans.

We are working toward the goal of trending HEDIS data to determine the strengths and weaknesses of the program and individual contractors. To that end we have hired an external quality review organization (EQRO) to direct our efforts and to develop quality improvement initiatives based on HEDIS, especially in reference to over-utilization in ED visits, as well as to develop an obesity measurement comparable to the Medicaid program. The EQRO will also develop a “report card” and assist us in developing pay-for-performance goals.

### **Insurers Participating in the Program:**

Insurers participating under the current three-year contracts, which were awarded effective December 1, 2005, are:

- Aetna
- AmeriChoice
- Blue Cross of Northeastern Pennsylvania (coverage provided by First Priority Health HMO)
- Capital BlueCross (coverage provided by Keystone Health Plan Central HMO)

- Highmark (coverage provided by Keystone Health Plan West HMO in the western part of the state and Premier BlueShield PPO in the central part of the state)
- Independence Blue Cross (coverage provided by Keystone Health Plan East HMO)
- Unison Family Health Plan of Pennsylvania, Inc.
- UPMC Health Plan

### **Outreach and Enrollment Efforts:**

CHIP focused its marketing and outreach efforts on motivating parents to “apply now” and enroll their children in the program. Messaging changed dramatically to reflect the “Cover All Kids” message in 2007, with new advertising (TV commercial, radio and print), collateral materials, and a Governor’s Public Service Announcement (PSA) announcing the expansion of CHIP to “cover all uninsured children and teens, who are not eligible for Medical Assistance, regardless of income.” All materials provided more information on the program, including CHIP’s comprehensive benefits and expanded income guidelines.

Additionally, the program included its Department of Public Welfare Medical Assistance (MA) counterparts in its messaging, by noting that all families whose income fell below CHIP guidelines (approximately 30-40% of applications) would have their applications automatically transferred to the MA program.

CHIP made new efforts to focus more on the teen uninsured population by making the following changes to its advertising:

- A teenage girl was selected to record CHIP’s radio spot, which netted strong public response to the CHIP Helpline.
- CHIP’s Latino marketing partners placed CHIP billboards in the Philadelphia area featuring a Latina teenager and her mother, encouraging families to apply.
- CHIP ran print ads in newspapers and front page newspaper stickers in large newspapers that featured a group of teens.

To assist with strategic messaging planning and to better target areas where CHIP could provide more marketing and outreach, the program held listening sessions with its advocacy community partners and insurance company contractors.

We found that a multi-pronged marketing and outreach approach is very effective in reaching citizens with CHIP’s message. In 2007, CHIP continued to utilize valuable data provided by the Helpline to measure how callers heard about CHIP. The data showed that TV ads, radio ads, the CHIP Web site, and Governor PSAs reached the broadest audience; flyers distributed through schools and County Assistance Offices drew the most CHIP calls overall in the shortest amount of time; and word of mouth continued to strongly fuel awareness. CHIP always encourages citizens to tell family, friends, co-workers, and neighbors about the program. The results of this message were reflected in call volumes to the Helpline. In addition to these over-arching

strategies, CHIP implemented a number of other strategies to reach uninsured Pennsylvania families.

- The CHIP TV commercial that ran on a schedule of two weeks on and two weeks off on both network and cable TV was very effective. When CHIP ads ran, the Helpline consistently saw spikes in call volumes. In fact, the TV ad continuously ran in the top three reasons cited by citizens who called the Helpline to request applications or application assistance over the phone.
- CHIP not only added radio advertising in 2007, but increased its radio ad buys statewide due to the strong response received by the Helpline from smaller radio runs earlier in the year. Radio advertising was very effective in driving CHIP call volumes up and recently ranked in the top four reasons why citizens called the Helpline for applications or application assistance.
- CHIP also saw an interesting increase of people calling the Helpline about CHIP because someone at work told them about it. Historically, work-related referrals were not as strong, and we believe that work-related referred calls have increased in conjunction with radio ads that people hear at home or work, then share with co-workers, which is an indirect and valuable referral to the CHIP program.
- CHIP's Web-based search engine advertising continued to be an affordable and excellent driver to the CHIP Web site and also to the Helpline. The CHIP Web site received nearly 3 million hits a month at its peak and callers to the Helpline consistently cited the CHIP Web site as one of the top three reasons they called to apply for or inquire more about CHIP.
- CHIP and its insurance company contractors' outreach staff continued daily grassroots outreach, focusing on venues where folks could take the next step and enroll, such as health fairs, libraries, hospitals, community events, and meetings.
- Word of mouth via friends and family consistently ranked as a major source of information and referrals to the CHIP Helpline. Many families learn about and apply for the CHIP program based on the valued and trusted information provided to them from friends and family. To that end, CHIP continued its informal "tell a friend or family member" campaign over the last year to keep those referrals coming.
- CHIP saw an increase in referrals by physicians, a trusted source of information for families.
  - CHIP insurance company contractors provide CHIP information to their participating physician providers, which we believe contributed to these numbers. We are exploring further outreach opportunities with physicians.

- The program also presented information to the Hospital and Healthsystem Association of Pennsylvania several times in 2007 and continues to build relationships with hospitals to increase awareness of CHIP.

### **Media Plan:**

- Governor Rendell kicked off the Cover All Kids initiative with a PSA in January 2007, which netted the largest monthly call volumes in the history of the CHIP Helpline.
- Data collected from every caller to the CHIP Helpline once again showed that when CHIP TV ads and PSAs ran, calls to the Helpline, hits to the CHIP Web site, requests for applications, and over-the-phone applications increased. To that end, a new TV ad was developed and ran year-round featuring a young boy who delivers the message that “now no family makes too much money for CHIP” and “apply today.” Brochures and posters complementing the TV theme were distributed statewide. The CHIP TV commercials ran throughout the year in a two-week-on, two-week-off cycle.
- CHIP continued its successful Internet search engine advertising, utilizing Google, Yahoo and other popular search engines, which netted millions of hits to its Web site.
- After several years of no radio advertising, CHIP tested and then went statewide with radio advertising across all markets, including African American and Hispanic communities.
- CHIP implemented newspaper advertisements that included the peel-off stickers now popular on the front page of newspapers.
- CHIP added movie screen CHIP ads in theaters.

**Retail Partnerships:** CHIP engaged in retail partnerships with Giant Foods (grocery store chain) and Rite Aid Corporation (drug store chain) to promote the program in coordination with each company’s corporate outreach efforts. Co-branding with these two successful companies further expanded CHIP’s message in family-oriented locations.

**Outreach to County Agency Caseworkers:** CHIP expanded its outreach to county agencies and attended and presented at conferences and events that focused on this community. Examples included county WIC directors, CareerLink center directors, public librarians, PTAs/PTOs, domestic relations divisions of family courts and HeadStart organizations.

**Wellness Series:** CHIP developed topic and benefit-specific CHIP brochures (English and Spanish) and shared them with professional community partners. Examples include CHIP brochures on prescriptions, dental benefits, and vision benefits that were distributed to pharmacists, dentists, and eye doctors statewide during April’s Cover the Uninsured Week. The response was very positive, and CHIP will be looking at including an insert in next year’s brochures that will go to everyone requesting brochures, so as not to limit this information to specialists.

**School Notices:** CHIP continued its partnership with the Department of Education by sending out the annual CHIP flyers to all public schools statewide (2.2 million flyers) to be disseminated to all students during back-to-school season. Email notices were also sent to public and private schools.

**CHIP Web site:** CHIP continued to develop its popular Web site ([www.chipcoverspakids.com](http://www.chipcoverspakids.com)) to contain a full array of information including eligibility requirements, updated facts on the expanded program, benefit information, how to apply, FAQs, how to order outreach materials, and various reports. At its peak, the CHIP Web site received nearly 3 million hits per month, up from 1 million hits per month at the beginning of the year.

**COMPASS (Commonwealth of Pennsylvania Access to Social Services):** COMPASS, the Web-based application and renewal system ([www.COMPASS.state.pa.us](http://www.COMPASS.state.pa.us)), continued to be a well-used tool by citizens applying for health care coverage and other human service programs. An upgrade to the COMPASS Web site occurred in June 2007 that provided a more user-friendly front page. Additionally, post-screening for health care coverage was added. At the end of any application for a service, if the applicant appears to be eligible for one of the health care programs, COMPASS explains that the family may be eligible for a health care program and asks if they would like to add health care to the application. If yes, any additional information that is required for the various programs is gathered and the application is routed to the County Assistance Office, an adultBasic contractor, or a CHIP contractor.

From January 2007-December 2007, 185,782 applications were submitted via COMPASS, with 120,038 of those applications for healthcare-related services (12,582 for CHIP, 6,096 for adultBasic, and 101,360 for Medicaid). Approximately 18 percent of all CHIP applications and 14.5 percent of CHIP renewals were completed online.

Additionally, 43,156 renewals were submitted via COMPASS, with 13,124 of those renewals for healthcare-related services (10,071 for CHIP, 2,769 for adultBasic, and 284 for Medicaid).

The Department of Education expanded its school meal program applications to citizens electronically via COMPASS in 2007. All public schools in Pennsylvania became COMPASS Community Partners and are now able to access COMPASS to track children on the school meal program. CHIP tied into this large effort by adding a health care pop-up box at the end of the school meal application, reminding families that they can also apply for health care benefits at the same time.

**Cover the Uninsured Week:** In coordination with the Robert Wood Johnson (RWJ) national effort, Pennsylvania continued its statewide outreach efforts during "Cover the Uninsured Week" in April 2007. CHIP contractors and advocate partners blanketed the state with CHIP events and activities, including health fairs, enrollment drives with community-based organizations, and community events. CHIP also held a celebration event during Cover the Uninsured Week to celebrate its many partners who help spread the CHIP message. Anita Brikman from the ABC affiliate in Philadelphia served as the master of ceremonies.

CHIP partnered with the Pennsylvania Pharmacists Association, the Pennsylvania Optometric Association and the Pennsylvania Dental Association to promote CHIP through mailings to each

of the three organizations members—more than 10,000 mailings in total, which included a cover letter, CHIP posters and specialist brochures, and COMPASS brochures (in English and Spanish).

**Pennsylvania Farm Show:** CHIP sponsored a Farm Show booth again in 2007 where information and giveaways were distributed and application assistance was provided to families. CHIP's theme was "tell a friend or family member to apply today." More than 500,000 citizens attended the 10-day Farm Show event.

### **Helpline--Connecting Citizens with CHIP and Tracking Progress:**

In 2007, the Commonwealth renewed its unique multi-agency contract for one more year with Policy Studies Inc. (PSI) to manage Pennsylvania's Health and Human Services Call Center. The integrated call center supports eight statewide health and human service information and referral helplines for five state agencies, which provides a "one-stop-shop" for most social services. PSI specialists are cross-trained to handle calls from each of the helplines to maximize resources and offer the full range of available social services and information to citizens on one call.

Helpline staff is also trained to identify uninsured callers and offer information and assistance with programs such as CHIP and Medical Assistance. Most importantly, PSI provides application assistance to callers by giving them the option to receive a paper application, apply or renew over the phone with the assistance of a Helpline counselor, or receive the COMPASS Web site address to apply or renew on their own via the Web. PSI also maintains a list of applications submitted and paper applications mailed to callers and conducts follow-up calls to ensure that a "result" has occurred with each caller.

PSI has high-quality operations standards that it constantly monitors to ensure a consistent level of service excellence. Quality assurance monitoring is also conducted by the partner agencies. PSI met or exceeded all key performance indicators for SFY 2006-07. From January 2007 through December 2007, the call center answered 110,199 CHIP calls (34% increase from previous year), mailed 64,418 CHIP/adultBasic applications, and completed 4,224 COMPASS applications online.

Other effective efforts contributing to increased CHIP enrollment include:

- 30-Day Renewal Outreach:
  - In calendar year 2007, the Helpline made 32,937 telephone calls a month to families who did not complete CHIP renewal applications after receiving three notices from CHIP. Helpline representatives offered renewal assistance over the phone (using COMPASS) and provided reminders to families to mail back their renewal applications.
- Three ways to apply and renew for the program:
  - Online via COMPASS;
  - By paper application; and

- Over the phone through the CHIP Helpline.
- Working relationships with County Assistance Offices:
  - County Assistance Offices are the largest source of CHIP applications and referrals. They refer approximately 3,000 applicants per month to the program. CHIP worked with the Department of Public Welfare to enhance internal and external communications between the two agencies to further improve the “any form is a good form” process whereby an application can go to either agency and be referred to the agency that will provide the family benefits. County Assistance Offices are also one of the top three drivers of calls to the CHIP helpline each month.

**Interagency Initiatives:** The nationally recognized Reaching Out Interagency Workgroup merged with the Covering Kids and Families Coalition in 2006 to continue partnership efforts to reach uninsured children in Pennsylvania. Through this effort, many excellent outreach ideas were exchanged and valuable information was shared, which CHIP incorporated into its strategic outreach and marketing planning. Consumer advocates are viewed as important contributors in the development of new outreach and enrollment strategies and their input is regularly sought by CHIP staff.

**Targeted Outreach to Specific Populations:** In order to further outreach efforts to specific populations, CHIP added language to its insurance company contractors’ contracts that required contractors to describe how they would identify and address special populations, including non-white and non-English speaking children and children with disabilities; how they would reach different geographic areas, including rural and inner-city areas; and how they would address cultural and ethnic diversity in their outreach efforts. This contractual obligation provided even stronger focus on these specific outreach activities conducted statewide by CHIP contractors. The program monitored its contractors to ascertain that they provided outreach to special populations in the ways they described in their contractual responses. When needed, CHIP provided direction to contractors to further efforts in these areas, and also provided suggested best practices to contractors to assist in increasing efforts in targeted areas of the Commonwealth.

Examples of contractor outreach included minority and ethnic outreach to African American, Hispanic and Asian citizens, and programs and partnerships in rural counties with community-based organizations established in those communities.

**Hispanic and African American Outreach:** After several years of no radio advertising, CHIP tested and then went statewide with radio advertising across all markets, including African American and Hispanic radio stations.

A new marketing partner, Cardenas-Grant, was hired and is currently implementing an updated CHIP marketing and outreach strategy for Pennsylvania’s uninsured African American community. Its focus will include a variety of outreach efforts geared toward both children and teens. Primarily, it is working on the establishment of CHIP Sign-up Crews on the ground in targeted towns and neighborhoods. These events will prepare families to bring the appropriate information and provide on-site assistance with completing a CHIP application. Media buys

(radio and print) will raise awareness of the opportunity to apply for CHIP and to drive people to discrete events or organizations where application assistance will be provided.

While the general market media buy focuses on driving up levels of awareness, Cardenas-Grant's focus is on outreach: identifying uncovered, uninsured families and actually helping them to complete applications. To do this, Cardenas-Grant has found penetration points within the African American community that have established constituencies either statewide or in identified locations through which they can send CHIP messages and invitations to sign up via:

- Churches
- Black Fraternal Societies
- Black Professional Associations
- African American Advocacy Organizations

The Mendoza Group, a Hispanic marketing agency with a history of health marketing initiatives within the Latino community, was selected for a fourth year based on its successful work of focusing on two demographic segments of the Latino market, those unaware of CHIP and those who do not think that they qualify for CHIP.

Mendoza concentrates on the top fourteen Hispanic populated counties of Pennsylvania. Geographically, uninsured children come from population centers like Philadelphia, Harrisburg, Pittsburgh and Eastern Pennsylvania. The core of Mendoza's Latino marketing is concentrated on tactics which deliver the CHIP message in a personal and efficient manner via community influencers: trusted sources of information with which Latinos can identify, such as CHIP moms, community-based organizations, health care professionals and the Hispanic media.

Community-Based Organizations (CBOs) provided a significant point of entry into these markets, with CHIP's marketing partners utilizing their extensive community network of resources to reach out to their communities.

African Americans and Latinos were directly reached through CHIP's branding message at certain key events during the spring and summer of 2007. Criteria for selecting these events focused on identifying grassroots activities that allowed more opportunity for personalized interaction with a smaller audience size to extend beyond CHIP advertising to actually reaching citizens.

**Number of Children Receiving Health Care Services by County and by Per Centum of the FPL:**

Please refer to Attachment 2, a report that provides county-specific data for the number of children enrolled in the program during the reporting period of January through December 2007.

The Cover All Kids expansion changed the manner in which the total number of enrollment by per centum of the FPL is reported due to the expansion of eligibility that took effect in March

2007, with the first child enrolled under the new guidelines as of April 2007. The breakout of enrollment by per centum of the FPL for the period January through December 2007 was:

<b>Month - 2007</b>	<b>No greater than 200% of FPL</b>	<b>Greater than 200% but no greater than 235% of FPL</b>	<b>Total Monthly Enrollment</b>
January	143,110	9,239	152,349
February	144,414	9,355	153,769

	<b>No greater than 200% FPL (free group)</b>	<b>Greater than 200% but no greater than 250% FPL (Low-Cost Group 1)*</b>	<b>Greater than 250% but no greater than 275% FPL (Low Cost Group 2)</b>	<b>Greater than 275% but no greater than 300% FPL (Low-Cost Group 3)</b>	<b>Greater than 300% FPL (At-Cost Group)</b>	<b>Total Monthly Enrollment</b>
March	145,556	9,438	0	0	0	154,994
April	146,134	9,767	97	62	21	156,081
May	147,264	10,701	524	241	144	158,874
June	148,859	11,165	779	363	236	161,402
July	149,085	11,871	1,045	513	369	162,883
August	149,085	12,618	1,279	650	514	164,146
September	148,383	13,150	1,538	794	620	164,485
October	147,648	13,469	1,674	899	705	164,395
November	147,960	14,084	1,924	1,022	841	165,831
December	147,234	14,716	2,124	1,153	924	166,151

*\*For information purposes, a break-out of the newly expanded Low-Cost Group 1, with adjusted gross income greater than 200% but no greater than 250% of FPL, may be compared to the originally subsidized group of 200-235% FPL:*

<b>Month - 2007</b>	<b>Low-Cost 1 (200-235%)</b>	<b>Low-Cost 1 (236-250%)</b>
<i>March</i>	9,438	0
<i>April</i>	9,556	211
<i>May</i>	10,250	451
<i>June</i>	10,511	654
<i>July</i>	11,002	869
<i>August</i>	11,540	1,078
<i>September</i>	11,869	1,281
<i>October</i>	12,022	1,447
<i>November</i>	12,480	1,604
<i>December</i>	12,941	1,775

Growth was achieved in 64 of our 67 counties over the reporting period, in all but Bradford, Mercer, and Montour Counties. Berks, Blair, Bucks, Chester, Clarion, Clinton, Cumberland, Delaware, Erie, Franklin, Greene, Juniata, Lackawanna, Lancaster, Lebanon, Lehigh, Luzerne,

Lycoming, McKean, Mifflin, Montgomery, Northampton, Northumberland, Pike, Potter, Schuylkill, Snyder, Sullivan, Wyoming, and York Counties experienced growth in excess of ten percent (10%) over the reporting period.

Adams, Allegheny, Beaver, Butler, Cameron, Carbon, Columbia, Crawford, Dauphin, Fayette, Forest, Fulton, Jefferson, Lawrence, Monroe, Perry, Philadelphia, Susquehanna, Tioga, Venango, Warren, Washington, and Wayne Counties achieved growth in the five percent (5%) to ten percent (10%) range.

In calendar year 2007, we achieved record enrollment numbers in 11 of the 12 months in the reporting period. In December 2007, CHIP enrollment was 166,151 children, representing the highest monthly enrollment ever, including 5,976 children who would not have been eligible before the Cover All Kids initiative. This record in enrollment can be attributed in large measure to the Commonwealth's focus on providing insurance coverage to *all* eligible children, our focus on children's coverage issues, strong outreach and marketing strategies, a strong collaboration between state agencies, access to social services via the Internet through COMPASS and our CHIP Web site, and the improved renewal efforts to keep eligible children enrolled in the program.

### **Projected Number of Eligible Children**

As noted earlier, during a study of the insurance status of Pennsylvanians conducted in 2004, it was estimated that there were approximately 133,600 uninsured children in Pennsylvania. Of that number, 54,600 were eligible but not yet enrolled in CHIP and 55,000 were eligible but not yet enrolled in Medicaid. The balance of approximately 24,000 children was ineligible for either program because family income exceeded the current eligibility limits. The Cover All Kids initiative has now made it possible to provide health insurance for those children whose family income exceeded the old eligibility limits.

Governor Rendell challenged our office to meet the projected average enrollment goal for state fiscal year 2007-2008 of approximately 10,000 additional children whose families fall into the higher income ranges, as well as 5,600 children who are currently eligible for free CHIP (those in families with income no greater than 200% of the FPL) but have not yet enrolled, for a total of approximately 15,600 new enrollees. We expect our increased outreach efforts to also result in additional applications for coverage from children in families with income below 200% of the FPL. These applicants will be referred to the Department of Public Welfare for a Medicaid eligibility determination. We anticipate these enrollment increases will be achieved through enhanced outreach efforts, the federally approved increases in income eligibility for subsidized coverage, and the new opportunities for higher-income families to purchase health insurance coverage at the same amount it costs the Commonwealth. As of December 2007, we are on track to meet that enrollment goal.

A second study of the insurance status of Pennsylvanians began in 2007 and is due to be completed later in 2008. This study will provide new estimates of uninsured children in Pennsylvania and their potential eligibility for programs and services provided in the Commonwealth.

**Number of Eligible Children on Waiting Lists by County and by Per Centum of the FPL:**

No children were placed on a waiting list for enrollment during this reporting period.

**Use this chart to find out how much CHIP coverage may cost you:**

**Step 1:** Locate the number of people in your household.

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**Step 3:** Look down the row to the Cost Box to see your approximate average monthly cost per child and the co-payments per child per visit.



**Example:** A four-person household with an annual income of \$52,000 will have an average monthly premium of \$56 per child, plus any co-pays for services.

INCOME BOX *	Free			Low Cost			Full Cost
	Household Size	(Ages 0 - 1)	(Ages 1 - 5)	(Ages 6 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	(Ages 0 - 18)
	Annual Income			Annual Income			Annual Income
1	\$18,889 - 20,420	\$13,580 - 20,420	\$10,210 - 20,420	\$20,421 - 25,525	\$25,526 - 28,078	\$28,079 - 30,630	\$30,631 - No Limit
2	\$25,327 - 27,380	\$18,208 - 27,380	\$13,690 - 27,380	\$27,381 - 34,225	\$34,226 - 37,648	\$37,649 - 41,070	\$41,071 - No Limit
3	\$31,765 - 34,340	\$22,837 - 34,340	\$17,170 - 34,340	\$34,341 - 42,925	\$42,926 - 47,218	\$47,219 - 51,510	\$51,511 - No Limit
4	\$38,203 - 41,300	\$27,465 - 41,300	\$20,650 - 41,300	\$41,301 - 51,625	\$51,626 - 56,788	\$56,789 - 61,950	\$61,951 - No Limit
5	\$44,641 - 48,260	\$32,093 - 48,260	\$24,130 - 48,260	\$48,261 - 60,325	\$60,326 - 66,358	\$66,359 - 72,390	\$72,391 - No Limit

COST BOX	Average Premium			Average Premium			Average Premium
	Average monthly premium, per child	\$0	\$0	\$0	\$40	\$56	\$64
Co-payments per child, per visit:							
Doctor Visit	\$0	\$0	\$0	\$5 (except for well-child visits)			\$15
Brand Name Prescriptions	\$0	\$0	\$0	\$9	\$9	\$9	\$18
Generic Prescriptions	\$0	\$0	\$0	\$6	\$6	\$6	\$10
Specialist Visits	\$0	\$0	\$0	\$10	\$10	\$10	\$25
ER Visits **	\$0	\$0	\$0	\$25	\$25	\$25	\$50

\* If your income is below any amount listed, your family could be eligible for Medical Assistance. For more details, call 1-800-986-KIDS.

\*\* Emergency room visit co-pay applies if the child is not admitted for a hospital stay.

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INCOME BOX *	Free			Low Cost			Full Cost
	(Ages 0 - 1)	(Ages 1 - 5)	(Ages 6 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	(Ages 0 - 18)
Household Size	Annual Income			Annual Income			Annual Income
6	\$51,079 - 55,220	\$36,722 - 55,220	\$27,610 - 55,220	\$55,221 - 69,025	\$69,026 - 75,928	\$75,929 - 82,830	\$82,831 - No Limit
7	\$57,517 - 62,180	\$41,350 - 62,180	\$31,090 - 62,180	\$62,181 - 77,725	\$77,726 - 85,498	\$85,499 - 93,270	\$93,271 - No Limit
8	\$63,955 - 69,140	\$45,979 - 69,140	\$34,570 - 69,140	\$69,141 - 86,425	\$86,426 - 95,068	\$95,069 - 103,710	\$103,711 - No Limit
9	\$70,393 - 76,100	\$50,608 - 76,100	\$38,050 - 76,100	\$76,101 - 95,125	\$95,126 - 104,638	\$104,639 - 114,150	\$114,151 - No Limit
10	\$76,831 - 83,060	\$55,237 - 83,060	\$41,530 - 83,060	\$83,061 - 103,825	\$103,826 - 114,208	\$114,209 - 124,590	\$124,591 - No Limit

  

COST BOX	Average Premium			Average Premium			Average Premium
	\$0	\$0	\$0	\$40	\$56	\$64	\$161
Average monthly premium, per child	\$0	\$0	\$0	\$40	\$56	\$64	\$161
Co-payments per child, per visit:							
Doctor Visit	\$0	\$0	\$0	\$5 (except for well-child visits)			\$15
Brand Name Prescriptions	\$0	\$0	\$0	\$9	\$9	\$9	\$18
Generic Prescriptions	\$0	\$0	\$0	\$6	\$6	\$6	\$10
Specialist Visits	\$0	\$0	\$0	\$10	\$10	\$10	\$25
ER Visits **	\$0	\$0	\$0	\$25	\$25	\$25	\$50

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Pennsylvania's Children's Health Insurance Program  
**We Cover All Kids.**

**Example:** A four-person household with an annual income of \$52,000 will have an average monthly premium of \$56 per child, plus any co-pays for services.

INCOME BOX *	Free			Low Cost			Full Cost	
	Household Size	(Ages 0 - 1)	(Ages 1 - 5)	(Ages 6 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	
		Annual Income			Annual Income			Annual Income
11	\$83,269 - 90,020	\$59,866 - 90,020	\$45,010 - 90,020		\$90,021 - 112,525	\$112,526 - 123,778	\$123,779 - 135,030	\$135,031 - No Limit
12	\$89,707 - 96,980	\$64,495 - 96,980	\$48,490 - 96,980		\$96,981 - 121,225	\$121,226 - 133,348	\$133,349 - 145,470	\$145,471 - No Limit
13	\$96,145 - 103,940	\$69,124 - 103,940	\$51,970 - 103,940		\$103,941 - 129,925	\$129,926 - 142,918	\$142,919 - 155,910	\$155,911 - No Limit
14	\$102,583 - 117,860	\$73,753 - 110,900	\$55,450 - 110,900		\$110,901 - 138,625	\$138,626 - 152,488	\$152,489 - 166,350	\$166,351 - No Limit
15	\$109,021 - 117,860	\$78,382 - 117,860	\$58,930 - 117,860		\$117,861 - 147,325	\$147,326 - 162,058	\$162,059 - 176,790	\$176,791 - No Limit

COST BOX	Average Premium			Average Premium			Average Premium	
	Average monthly premium, per child	\$0	\$0	\$0	\$40	\$56	\$64	\$161
Co-payments per child, per visit:								
Doctor Visit	\$0	\$0	\$0	\$5 (except for well-child visits)			\$15	
Brand Name Prescriptions	\$0	\$0	\$0	\$9	\$9	\$9	\$18	
Generic Prescriptions	\$0	\$0	\$0	\$6	\$6	\$6	\$10	
Specialist Visits	\$0	\$0	\$0	\$10	\$10	\$10	\$25	
ER Visits **	\$0	\$0	\$0	\$25	\$25	\$25	\$50	

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**Example:** A four-person household with an annual income of \$52,000 will have an average monthly premium of \$56 per child, plus any co-pays for services.

<b>INCOME BOX *</b>		<b>Free</b>			<b>Low Cost</b>			<b>Full Cost</b>
<b>Household Size</b>	(Ages 0 - 1)	(Ages 1 - 5)	(Ages 6 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	(Ages 0 - 18)	
	Annual Income			Annual Income			Annual Income	
<b>16</b>	\$115,459 - 124,820	\$83,011 - 124,820	\$62,410 - 124,820	\$124,821 - 156,025	\$156,026 - 171,628	\$171,629 - 187,230	\$187,231 - No Limit	
<b>17</b>	\$121,897 - 131,780	\$87,640 - 131,780	\$65,890 - 131,780	\$131,781 - 164,725	\$164,726 - 181,198	\$181,199 - 197,670	\$197,671 - No Limit	
<b>18</b>	\$128,335 - 138,740	\$92,269 - 138,740	\$69,370 - 138,740	\$138,741 - 173,425	\$173,426 - 190,768	\$190,769 - 208,110	\$208,111 - No Limit	
<b>19</b>	\$134,773 - 145,700	\$96,898 - 145,700	\$72,850 - 145,700	\$145,701 - 182,125	\$182,126 - 200,338	\$200,339 - 218,550	\$218,551 - No Limit	
<b>20</b>	\$141,211 - 152,660	\$101,527 - 152,660	\$76,330 - 152,660	\$152,661 - 190,825	\$190,826 - 209,908	\$209,909 - 228,990	\$228,991 - No Limit	

  

<b>COST BOX</b>		Average Premium			Average Premium			Average Premium
<b>Average monthly premium, per child</b>	\$0	\$0	\$0	\$40	\$56	\$64	\$161	
	<b>Co-payments per child, per visit:</b>							
Doctor Visit	\$0	\$0	\$0	\$5 (except for well-child visits)			\$15	
Brand Name Prescriptions	\$0	\$0	\$0	\$9	\$9	\$9	\$18	
Generic Prescriptions	\$0	\$0	\$0	\$6	\$6	\$6	\$10	
Specialist Visits	\$0	\$0	\$0	\$10	\$10	\$10	\$25	
ER Visits **	\$0	\$0	\$0	\$25	\$25	\$25	\$50	

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**CHIP Enrollment by County  
January 2007 - December 2007**

COUNTY	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Last Month Growth	Avg. Monthly Growth	Growth Since Dec-06	County as a % of Total
<b>TOTALS</b>	<b>152,349</b>	<b>153,769</b>	<b>154,994</b>	<b>156,081</b>	<b>158,874</b>	<b>161,402</b>	<b>162,883</b>	<b>164,146</b>	<b>164,485</b>	<b>164,395</b>	<b>165,831</b>	<b>166,151</b>	<b>0.2%</b>	<b>0.8%</b>	<b>10.2%</b>	
ADAMS	1,632	1,628	1,618	1,650	1,678	1,691	1,721	1,732	1,742	1,732	1,750	1,768	1.0%	0.6%	7.9%	1.1%
ALLEGHENY	12,530	12,722	12,751	12,842	13,013	13,159	13,271	13,320	13,378	13,331	13,400	13,415	0.1%	0.6%	7.7%	8.1%
ARMSTRONG	1,168	1,170	1,184	1,219	1,241	1,249	1,243	1,228	1,232	1,221	1,218	1,220	0.2%	0.3%	3.3%	0.7%
BEAVER	1,961	2,002	2,021	2,020	2,081	2,111	2,114	2,146	2,114	2,093	2,097	2,075	-1.0%	0.6%	7.8%	1.2%
BEDFORD	1,248	1,244	1,256	1,248	1,274	1,287	1,272	1,270	1,291	1,286	1,302	1,287	-1.2%	0.4%	4.5%	0.8%
BERKS	4,489	4,580	4,624	4,627	4,677	4,761	4,815	4,826	4,817	4,850	4,939	4,942	0.1%	0.9%	10.8%	3.0%
BLAIR	1,855	1,904	1,917	1,916	1,934	1,982	2,016	2,039	2,065	2,046	2,079	2,089	0.5%	1.1%	13.8%	1.3%
BRADFORD	829	848	850	842	846	840	836	807	798	790	803	816	1.6%	-0.2%	-1.9%	0.5%
BUCKS	6,126	6,186	6,283	6,359	6,449	6,575	6,702	6,770	6,824	6,797	6,855	6,897	0.6%	1.2%	15.1%	4.2%
BUTLER	2,445	2,450	2,459	2,467	2,530	2,558	2,533	2,549	2,551	2,584	2,618	2,582	-1.4%	0.6%	6.9%	1.6%
CAMBRIA	2,356	2,358	2,344	2,347	2,373	2,413	2,446	2,487	2,442	2,434	2,443	2,423	-0.8%	0.3%	3.7%	1.5%
CAMERON	63	61	64	67	67	66	67	67	66	66	68	60	-11.8%	0.7%	9.1%	0.0%
CARBON	892	887	911	916	938	961	971	973	993	999	975	970	-0.5%	0.7%	8.6%	0.6%
CENTRE	969	969	969	973	980	1,003	990	984	966	963	963	984	2.2%	0.2%	2.0%	0.6%
CHESTER	4,455	4,462	4,545	4,608	4,672	4,754	4,794	4,800	4,782	4,759	4,844	4,866	0.5%	0.8%	10.5%	2.9%
CLARION	705	704	720	733	735	743	738	735	749	766	779	788	1.2%	1.0%	12.3%	0.5%
CLEARFIELD	1,189	1,209	1,203	1,208	1,218	1,247	1,219	1,223	1,212	1,214	1,229	1,241	1.0%	0.3%	3.9%	0.7%
CLINTON	332	337	330	356	354	356	362	381	386	385	384	391	1.8%	1.4%	18.1%	0.2%
COLUMBIA	631	643	658	653	664	689	675	665	666	660	665	689	3.6%	0.7%	9.0%	0.4%
CRAWFORD	1,168	1,185	1,202	1,208	1,230	1,249	1,250	1,242	1,240	1,244	1,248	1,265	1.4%	0.6%	7.4%	0.8%
CUMBERLAND	2,231	2,230	2,244	2,226	2,301	2,333	2,377	2,423	2,430	2,438	2,460	2,486	1.1%	1.1%	14.6%	1.5%
DAUPHIN	2,632	2,663	2,695	2,690	2,730	2,800	2,841	2,856	2,912	2,875	2,878	2,878	0.0%	0.7%	8.6%	1.7%
DELAWARE	6,171	6,278	6,379	6,531	6,647	6,835	6,879	7,002	7,032	7,029	7,193	7,184	-0.1%	1.4%	18.5%	4.3%
ELK	503	523	518	519	512	510	514	508	497	503	513	511	-0.4%	0.2%	2.4%	0.3%
ERIE	3,648	3,674	3,680	3,710	3,821	3,905	3,925	3,887	3,933	3,994	4,016	4,069	1.3%	1.0%	12.8%	2.4%
FAYETTE	1,944	1,970	1,956	1,951	2,003	2,039	2,072	2,080	2,074	2,062	2,085	2,094	0.4%	0.6%	7.2%	1.3%
FOREST	80	76	81	78	79	78	83	85	86	87	85	81	-4.7%	0.6%	8.0%	0.0%
FRANKLIN	2,134	2,157	2,156	2,167	2,194	2,229	2,231	2,255	2,283	2,302	2,343	2,359	0.7%	0.9%	11.2%	1.4%
FULTON	299	300	295	297	302	302	293	299	307	319	325	324	-0.3%	0.8%	9.8%	0.2%
GREENE	449	456	449	460	487	498	500	495	508	504	500	505	1.0%	1.2%	15.8%	0.3%
HUNTINGDON	634	639	636	630	649	660	647	644	654	659	660	668	1.2%	0.2%	2.8%	0.4%
INDIANA	1,366	1,386	1,410	1,405	1,424	1,431	1,442	1,433	1,427	1,401	1,431	1,405	-1.8%	0.3%	3.6%	0.8%
JEFFERSON	748	747	736	753	764	780	764	780	776	779	782	781	-0.1%	0.5%	5.7%	0.5%

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JUNIATA	354	344	347	346	356	364	369	373	381	385	389	404	3.9%	1.1%	13.8%	0.2%
LACKAWANNA	2,185	2,202	2,250	2,284	2,360	2,406	2,435	2,472	2,449	2,409	2,404	2,445	1.7%	1.1%	13.7%	1.5%
LANCASTER	5,920	6,046	6,124	6,132	6,252	6,348	6,508	6,645	6,684	6,718	6,852	6,841	-0.2%	1.4%	17.9%	4.1%
LAWRENCE	1,322	1,317	1,346	1,360	1,398	1,403	1,390	1,399	1,405	1,405	1,404	1,405	0.1%	0.6%	7.8%	0.8%
LEBANON	1,439	1,483	1,488	1,491	1,528	1,553	1,545	1,577	1,577	1,575	1,614	1,658	2.7%	1.2%	15.9%	1.0%
LEHIGH	4,027	4,105	4,151	4,178	4,220	4,369	4,445	4,510	4,511	4,513	4,571	4,625	1.2%	1.4%	18.0%	2.8%
LUZERNE	3,164	3,191	3,181	3,232	3,306	3,378	3,421	3,427	3,461	3,432	3,467	3,482	0.4%	0.9%	11.1%	2.1%
LYCOMING	1,088	1,107	1,128	1,138	1,164	1,205	1,220	1,237	1,233	1,236	1,244	1,255	0.9%	1.2%	15.9%	0.8%
MCKEAN	539	530	538	554	560	572	570	561	569	580	592	591	-0.2%	0.8%	10.7%	0.4%
MERCER	1,339	1,334	1,305	1,308	1,346	1,338	1,317	1,328	1,312	1,295	1,294	1,302	0.6%	0.0%	0.0%	0.8%
MIFFLIN	574	580	581	603	602	604	620	609	625	638	655	646	-1.4%	0.9%	12.0%	0.4%
MONROE	2,550	2,560	2,590	2,563	2,649	2,675	2,764	2,771	2,768	2,730	2,763	2,736	-1.0%	0.7%	8.3%	1.6%
MONTGOMERY	7,012	7,048	7,169	7,246	7,379	7,527	7,595	7,748	7,767	7,795	7,916	7,968	0.7%	1.2%	15.4%	4.8%
MONTOUR	133	127	133	127	131	131	127	131	123	121	124	126	1.6%	-1.0%	-11.9%	0.1%
NORTHAMPTON	2,828	2,839	2,887	2,911	2,989	3,062	3,076	3,144	3,198	3,218	3,284	3,348	1.9%	1.4%	18.2%	2.0%
NORTHUMBERLAND	1,018	1,034	1,032	1,056	1,073	1,066	1,089	1,100	1,100	1,104	1,114	1,138	2.2%	0.8%	10.3%	0.7%
PERRY	631	653	666	652	682	696	688	687	674	674	684	680	-0.6%	0.8%	9.5%	0.4%
PHILADELPHIA	24,443	24,532	24,736	24,875	25,268	25,562	25,815	26,014	26,023	25,973	25,965	25,740	-0.9%	0.5%	6.3%	15.5%
PIKE	1,030	1,024	1,044	1,049	1,076	1,075	1,101	1,088	1,092	1,091	1,118	1,117	-0.1%	0.8%	10.2%	0.7%
POTTER	260	258	257	271	289	295	299	291	297	283	284	289	1.8%	1.0%	13.3%	0.2%
SCHUYLKILL	1,773	1,766	1,791	1,824	1,853	1,892	1,933	1,948	1,935	1,937	1,913	1,916	0.2%	0.8%	10.5%	1.2%
SNYDER	408	406	406	428	416	437	430	432	425	435	457	483	5.7%	1.7%	22.3%	0.3%
SOMERSET	1,519	1,537	1,542	1,568	1,567	1,561	1,556	1,569	1,565	1,569	1,559	1,551	-0.5%	0.3%	4.1%	0.9%
SULLIVAN	42	49	48	50	52	54	57	58	53	59	62	68	9.7%	3.3%	47.8%	0.0%
SUSQUEHANNA	698	694	687	684	720	746	744	741	738	736	731	724	-1.0%	0.5%	6.6%	0.4%
TIOGA	626	631	633	648	666	680	684	671	683	665	669	662	-1.0%	0.7%	8.5%	0.4%
UNION	363	368	368	383	371	373	394	399	388	381	364	382	4.9%	0.1%	1.1%	0.2%
VENANGO	889	904	899	873	885	877	884	893	912	912	943	960	1.8%	0.7%	9.0%	0.6%
WARREN	493	488	475	484	498	519	526	530	528	527	532	522	-1.9%	0.6%	7.9%	0.3%
WASHINGTON	2,575	2,585	2,587	2,612	2,651	2,650	2,689	2,691	2,703	2,727	2,762	2,764	0.1%	0.7%	9.1%	1.7%
WAYNE	942	946	951	973	1,008	993	998	1,013	1,003	1,016	1,021	1,014	-0.7%	0.6%	7.9%	0.6%
WESTMORELAND	5,008	5,056	5,050	5,050	5,117	5,168	5,176	5,133	5,104	5,090	5,081	5,121	0.8%	0.3%	3.6%	3.1%
WYOMING	316	323	333	338	343	355	359	352	355	342	351	352	0.3%	0.9%	11.0%	0.2%
YORK	4,959	5,054	5,127	5,114	5,232	5,374	5,456	5,613	5,611	5,652	5,718	5,723	0.1%	1.2%	15.0%	3.4%